

Accreditation 2015

Q & A

Q: Are you requesting that each indicator have a separate policy and procedure (Indicator 3.2)? Are you requiring a certain number of policies and procedures or can some of the indicators be combined if they are appropriate to be together in a policy and procedure.

A: We are requiring 26 separate policies with the accompanying procedures for Indicator 3.2. All LHDs should have the 26 required policies and accompanying procedures for Cycle 6, regardless of what was required or approved previously. We realize this is a change from the last cycle; however, we are assuring all of the LHDs have the same 26 required elements for Indicator 3.2. As discussed during the webinar, LHDs are welcome to use the sample policy statements within the presentation, word for word. The MDCH CSHCS Accreditation Reviewers highly recommend all LHDs use the sample policy statements. Please see Indicator 3.2 and Addendum I of the MPR Tool for specific information on the required elements.

Q: If our LHD has 205 clients, it is recommended we have .5 FTE for the Registered Nurse. If our Registered Nurse is at .43 FTE, will that meet the Indicator (Indicator 1.1)?

A: The staffing level per client caseload is *recommended*; however, each LHD is *required* to have both a Registered Nurse (RN) and representative on the CSHCS staff.

- If the LHD does not have both a representative and RN, then Indicator 1.1 will be not met.
- If the LHD has both an RN and a representative, and is meeting all of the other Minimum Program Requirement (MPR) Indicators, Indicator 1.1 will be met. The MDCH CSHCS Accreditation Reviewers may recommend an increase to staff time.
- If the LHD does have both a representative and RN, but is not meeting other MPR Indicators, Indicator 1.1 will be not met.

We also received a question regarding Care Coordination and Case Management; however, as this is a billing issue, it will be addressed at a later time.